

BY ORDER OF THE COMMANDER

**SHEPPARD AFB INSTRUCTION
48-102**

15 April 2000

Aerospace Medicine



OCCUPATIONAL HEALTH EXAMINATION PROGRAM

COMPLIANCE WITH THIS INSTRUCTION IS MANDATORY

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This instruction implements Air Force Policy Directive 48-1, *Aerospace Medical Program*, and AFI 48-145, *Occupational Health Program*. It outlines the responsibilities and procedures for timely medical monitoring of base military and civilian personnel employed in recognized industrial workplaces as part of the SAFB Occupational Health Examination Program. This instruction also includes members assigned to Lake Texoma Recreational Annex and the Frederick Auxiliary Field. Specifically excluded are geographically separated units assigned to or supported by SAFB or base contractor personnel.

SUMMARY OF REVISIONS

This document has been substantially revised and must be completely reviewed. This instruction **changes** the name of the Occupational Health Review Board to the Occupational Health Working Group. Additionally, periodic occupational health exams for active duty members will now be accomplished as part of the annual preventive health assessment (PHA) physical exam and will be scheduled to be completed during the member's birth month. The term, "designated potential occupational health risk areas" has also been **changed to** "recognized industrial workplace." This guidance also **adds** a section on worker responsibilities. A "★" indicates revised material from previous edition.

★SECTION A – GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

See Attachment 1

★SECTION B -- GENERAL

★1. The occupational health examination (OHE) is performed to assess the health status of individuals as it relates to the potential chemical and physical hazard exposures of their specific

occupational working environments. It is not intended to monitor the general health of a workplace individual. The content and frequency of the OHE is specified by the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA), Air Force Occupational Safety and Health Standards (AFOSH), and local medical guidelines. Each industrial workplace exam will receive annual approval by the base Aerospace Medical Council (AMC).

★2. **Recognized Industrial Workplace:** Specific workplaces identified by base Bioenvironmental Engineering Flight (82 AMDS/SGPB) as requiring periodic industrial hygiene workplace surveys to validate potential worker exposures to chemical or physical hazards, and which may require workplace members to receive periodic occupational physical exams.

★3. **Shop Worker:** Includes any non-contract individual who is potentially exposed to chemical, physical or biological agents while performing normal job duties in a recognized industrial workplace.

★4. **Potential Workplace Exposure:** Includes chemical, physical or biological agents used in a recognized industrial workplace. Recognized workplace chemical agents are identified as those requiring a material safety data sheet (MSDS), as well as personal protective equipment (PPE) and workplace engineering controls prior to use. Physical agents include radio frequency radiation, ionizing radiation, laser light emission, noise and heat or cold stress, etc. Biological agents include bacterial, viral or other disease-causing organisms incurred as part of specific workplace duties and at a frequency above the general working population.

★5. **Occupational Health Examination (OHE):** Includes pre-placement, baseline, special purpose, periodic, and termination medical examinations performed to validate initial job placement and assess the continuing health status of individuals as it relates to their individual workplace environments. For the purposes of this instruction, annual audiograms (hearing tests) performed as a component of AFOSH Standard 48-19, *Hazardous Noise Program*, are also considered an OHE.

★SECTION C – RESPONSIBILITIES AND PROCEDURES

★3. **Bioenvironmental Engineering Flight (BEF) will:**

★3.1. Perform industrial hygiene surveys of recognized industrial workplaces at a frequency determined by the AMC.

★3.2. Maintain individual workplace industrial case files documenting workplace processes. Qualitative and quantitative data on workplace chemical or physical exposures will be maintained in workplace case files and available for review by authorized personnel.

★3.3. Perform workplace special surveys as needed to protect the health and safety of base personnel, including exposure reviews on workplace members identified with occupational illnesses.

★3.4. Provide ergonomic assessments of recognized industrial workplaces and other base locations, as needed, to identify and eliminate the potential for cumulative trauma disorders.

★3.5. Provide Public Health Flight (82 AMDS/SGPM) with the following:

★3.5.1. A master schedule of annual workplace surveys to be completed by BEF.

★3.5.2. A copy of completed survey reports for each industrial workplace visit conducted.

★3.5.3. An updated AF Form 2755, **Master Workplace Exposure Data Summary**, for each recognized industrial workplace.

★3.5.4. A copy of water sampling (heavy metal testing) results for the Child Development Center, Youth Center and Family Child Care Programs.

★4. Public Health Flight (PHF) will:

★4.1. Maintain liaison with Personnel Systems Element (82 MSS/DPMD) to ensure timely receipt of the monthly base data interface update. This computer file will identify active duty and civilian personnel currently assigned to Sheppard AFB to assist in scheduling workplace individuals requiring an OHE.

★4.2. Maintain a current computer database of personnel requiring an OHE.

★4.3. Deliver monthly rosters to Flight Medicine Flight, Physical Examinations and Standards (PES) Element, for the purpose of scheduling OHEs for required base members.

★4.4. Provide PES a monthly OHE overdue roster to ensure non-compliant individuals are immediately recontacted.

★4.5. Prepare AF Form 2766, **Clinical Occupational Health Examination Requirements**, for each recognized industrial workplace to specify the most current OHE content, as approved by the AMC. Will also ensure the OHE for each workplace is reviewed on an annual basis.

★4.6. Ensure each AF Form 2766 is reviewed and approved by the AMC, as well as signed by the senior flight surgeon. **NOTE:** PES will maintain the original, and a copy will be maintained in the workplace industrial case file (Tab F).

★4.7. Inform the Occupational Health Working Group and AMC of unit and combined OHE noncompliance (no-show) rates when they exceed 10%.

★4.8. Maintain Tab F of the workplace industrial case file on each recognized industrial workplace industrial areas IAW AFOSH Standard 161-17, *Standardized Occupational Health Program*.

★4.9. Initiate AF Form 190, **Occupational Illness/Injury Report**, on workplace members identified with occupational illnesses to identify cause and preclude future recurrences within the workplace. Will also provide illness notification to the gaining base Public Health Office when members PCS prior to completion of follow-up treatment.

★5. Chief, Physical Examinations and Standards (PES) will:

★5.1. In coordination with the 82d Medical Group Commander, designate a flight surgeon with general training in preventive medicine to be formally appointed by the 82d Training Wing Commander as the Installation Occupational Health Consultant.

★5.2. Establish an Occupational Health Working Group (OHWG) as a recognized subcommittee of the AMC.

★5.2.1. The OHWG core membership will consist of the Chief, PES (82 AMDS/SGP) as acting chairperson; Bioenvironmental Engineering Flight Commander; Public Health Flight Commander; Flight Medicine Flight Commander; Chief, PES; and Installation Occupational Health Consultant to Public Health. Representatives from Ground Safety (82 TRW/SEG), Audiology (82 MDOS/SGOSLA) and Health Promotion (82 AMDS/SGPZ) will also attend OHWG meetings, as per AFI 48-145.

★5.2.2. OHWG members review BEF shop survey data, recent workplace health trends, and applicable state and federal guidance to determine the frequency and content of OHEs for shop workers. Monthly OHE recommendations are presented to the AMC for approval.

5.3. Ensure the AMC annually reviews and approves recommendations of the Occupational Health Working Group for each shop on the Occupational Health Examination Program.

★5.4. Sign each AF Form 2766 to indicate approval of the Occupational Health Working Group and AMC recommendations.

★5.5. Task the Installation Occupational Health Consultant or other qualified flight surgeon(s) to review the results of each OHE, ensure abnormal findings are summarized on AF Form 422, **Physical Profile Serial Report**, and ensure required follow-up exams are accomplished when necessary.

★5.6. Ensure flight surgeons monitor results of OHEs to determine trends within the workplace.

★5.7. Ensure program activities are briefed to the base AFOSH Council or Health Promotion Working Group at least annually.

★5.8. Ensure workplace members reporting occupational illnesses or injuries are medically evaluated.

★5.9. Review completed AF Form 190s to ensure proper documentation and medical follow-up. Will also indicate concurrence with findings and prevention recommendations by signing as the incident reviewing officer.

★6. PES Element will:

★6.1. Schedule and administer OHEs for shop workers on the Occupational Health Examination Program IAW the shop's AF Form 2766. **NOTE:** The OHE will be scheduled by birth month for each shop member.

★6.2. Place an updated AF Form 2755 in the outpatient medical record of all patients completing an OHE.

★6.3. Ensure appropriate medical documentation is accomplished, including AF Form 2768, **Supplemental History**; AF Form 2769, **Supplemental Data Sheet**; AF Form 422; DD Form 2215, **Reference Audiogram**; DD Form 2216, **Hearing Conservation Data**; and any other required state or federal medical documentation.

★6.4. Maintain the most current AF Form 2766 for each recognized industrial workplace.

★6.5. Track individuals non-compliant on completing their OHE and report no-show rates exceeding 10% at OHWG meetings. Will also update OHE (Preventive Health Assessment) computer tracking programs as individuals complete their exams.

★6.6. Immediately contact the squadron health care monitor to reschedule individuals non-compliant on receiving an OHE.

★6.7. Refer all shop workers completing baseline or preplacement OHEs to PHF for ear plug fit-testing and education. Will also refer all workers revealing an initial hearing threshold shift to PHF to accomplish additional fit-testing and education.

★7. Members of Recognized Industrial Workplaces Will:

★7.1. Inform supervisors of any potentially hazardous work area(s) or work condition(s) not already identified and comply with scheduled OHE appointments.

★7.2. Immediately inform their workplace supervisor of suspected occupational injuries or illnesses.

★8. Workplace Supervisors will:

★8.1. Promptly notify PHF of new workers assigned to their workplace to ensure such members receive preplacement exams within 30 days of initial assignment.

★8.2. Notify PHF of military and civilian personnel scheduled for reassignment to another base section (PCA) or career field to determine if a termination OHE or alternate OHE is required.

★8.3. Complete appropriate documentation and immediately refer workplace members for a medical evaluation when the worker suspects an occupationally related illness.

★9. Commanders will:

★9.1. Be responsible for overall management and enforcement of the Occupational Health Program in their organizations.

★9.2. Formally appoint a Squadron Health Care Monitor (and alternate) as a liaison to PHF and PES to ensure the timely completion of OHEs for their squadron workplace members. Will also ensure copies of appointment letters are sent to PHF and PES, as well as ensure new monitors are reappointed as necessary.

★9.3. Ensure all personnel requiring OHEs receive those exams at the prescribed intervals as scheduled by PES.

★9.4. Periodically brief supervisors of recognized industrial workplaces on the importance of prompt scheduling and accomplishment of OHEs.

★9.5. Take appropriate internal corrective action when OHE no-show rates exceed 5 percent for their units.

★10. FORMS CITED:

AF Form 190, **Occupational Illness/Injury Report**; AF Form 422, **Physical Profile Serial Report**; AF Form 2755, **Master Workplace Exposure Data Summary**; AF Form 2766, **Clinical Occupational Health Examination Requirements**; AF Form 2769, **Supplemental Data Sheet**; DD Form 2215, **Reference Audiogram**; DD Form 2216, **Hearing Conservation Data**.

★11. **History of instruction:** Previously known as **STTCR 161-4**, 20 Jun 91. The instruction was changed 9 Feb 96 to reflect current number.

SHARLA J. COOK, Brig Gen, USAF
Commander

Attachment
Glossary of References and Supporting Information

*Attachment 1***GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION****A1. References**

A1.1 AFI 48-123, *Medical Examination and Standards*, 01 Jan 2000.

A1.2 AFI 48-145, *Occupational Health Program*, Apr 99.

A1.3 AFOSH Standard 48-19, *Hazardous Noise Program*, Mar 94

A1.4 AFOSH Standard 161-17, *Standardized Occupational Health Program*, Jun 82.

A1.5 AFPD 48-1, *Aerospace Medical Program*, Jul 93.